

CITY OF WARSAW

REQUEST FOR PUBLIC RECORDS

NAME:

COMPANY:

ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE NUMBER:

EMAIL ADDRESS:

DATE OF REQUEST:

RECORDS REQUESTING (PLEASE BE AS SPECIFIC AS POSSIBLE):

FOR ADDITIONAL INFORMATION REGARDING THE INDIANA OPEN DOOR LAW (GOVERNING MEETINGS OF PUBLIC AGENCIES) OR THE INDIANA ACCESS TO PUBLIC RECORDS ACT (GOVERNING RECORDS OF PUBLIC AGENCIES) PLEASE VISIT THE PUBLIC ACCESS COUNSELOR FOR THE STATE OF INDIANA AT WWW.IN.GOV/PAC.

(REVISED SEPTEMBER 2013)